

Massachusetts Department of Environmental Protection - Drinking Water Program
Total Trihalomethanes Report

THM

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID: 3213000

City/Town: NORTH READING

PWS Name: NORTH READING WATER DEPT

PWS Class: COM ☒ NTNC ☐

DEP Location (LOC)ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A 10281	HOOD SCHOOL- HAVERHILL ST.	YES	07/06/15	Mark Clark
B 10283	TOWN HALL TAP	YES	07/06/15	Mark Clark
C 10300	CLARKE PARK BLDG	YES	07/06/15	Mark Clark
D 10301	LINDENMEYER-MUNROE	YES	07/06/15	Mark Clark

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
A <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
B <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
C <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
D <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		

Sample Notes
A
B
C
D

II. Analytical Laboratory Information

Primary Lab MA Cert.#: MA072

Primary Lab Name: New England ChromaChem

Subcontracted? (Y/N) N

Analysis Lab MA Cert #: MA072

Analysis Lab Name: New England ChromaChem

Contaminant	MCL µg/L	MDL µg/L	Results ¹ µg/L			
			A	B	C	D
Total THMs	80	-----	59.1	24.7	21.0	51.1
Bromoform		0.5	1.28	0.58	ND	ND
Chloroform		0.5	31.0	9.04	9.62	32.7
Bromodichloromethane		0.5	17.2	9.96	7.88	13.8
Dibromochloromethane		0.5	9.65	5.16	3.49	4.59
Lab Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date Extracted (551.1 only)						
Date Analyzed			07/07/15	07/07/15	07/07/15	07/07/15
Lab Sample ID#			507036	507037	507038	507039
Surrogate #1: 4-bromofluorobenzene	%		104	98	95	96
Surrogate #2: 1,2-dichlorobenzene-d4	%		98	96	102	95

¹ Report result as a number greater than 0 or ND(not a <MDL value)

LAB SAMPLE NOTES	
A	Location Running Annual Average (LRAA) = 43.7 µg/L
B	LRAA = 33.4 µg/L
C	LRAA = 30.3 µg/L
D	LRAA = 68.3 µg/L

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature: Brian L. Brown

Date: 07/08/15

If not submitting these results electronically, mail TWO copies of this report to DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP Review Status (Initial and Date)	Review Comments	WQTS Date Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		